TANZANIA HUMAN RESOURCE CAPACITY PROJECT

Associate Cooperative Agreement No.621-A-00-09-00002-00

QUARTERLY PROGRESS REPORT

April – June, 2012

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List of Acronyms

- AIDS - Acquired Immune Deficiency Syndrome
- BMAF - Benjamin William Mkapa HIV/AIDS Foundation
- CCHP - Comprehensive Council Health Plan
- CHMTs - Council Health Management Teams
- FY - Financial Year
- GOT - Government of Tanzania
- HRH - Human Resource for Health
- HRM - Human Resource Management
- HIV - Human Immunodeficiency Virus
- HSSP III - Health Sector Strategic Plan III
- HRSP - Human Resource Strategic Plan
- MEVOT - Ministry of Education and Vocational Training
- MOFEA - Ministry of Finance and Economic Affairs
- MoHSW - Ministry of Health and Social Welfare
- M&E - Monitoring and Evaluation
- OPRAS - Open Performance Review and Appraisal System
- POPSM - President's Office Public Service Management
- PMO-RALG - Prime Minister's Office Regional Administration and Local Government
- PMP - Performance Monitoring Plan
- THRP - Tanzania Human Resource Capacity Project
- TORs - Terms of Reference
- USAID - United States Agency for International Development

I. PROGRAM HIGHLIGHTS:

The project continued with implementation of program activities as planned. The section below provides key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central Engagement

- The project finalized the *Multi-sectoral Criteria for Defining Underserved Areas* report. The document serves as the basis for development of a generic incentive package which in turn will be used with districts for specific incentive packages. PO-PSM was keen to have the report to incorporate ideas into the development of a strategy for the recent Public Service Pay and Incentive Policy.
- In close collaboration with the DSW, IntraHealth facilitated an assessment of the social welfare workforce to establish the workforce situation and composition in Tanzania, including the policy and legal environment. The consultant team drafted the report for review and comment by the SWW Sub-committee and has submitted the final report to DSW. A stakeholder's dissemination meeting is planned for late August.
- IntraHealth is actively participating in the development of NCPA II for MVC providing strategic input related to human resources and system strengthening
- At the specific request of USAID, IntraHealth assisted the MOHSW to cover the costs of this year's tuition and stipends for 78 post-graduate medical interns.
- BMAF has initiated support to the MOHSW for development of a National Advocacy and Communication strategy for human resources.

District HRH Strengthening and Development

- BMAF conducted additional analysis of the information and data collected from the February coaching visits to 34 districts of the Lake Zone and Ruvuma regions:
  - Thirty-four councils have oriented new staff with 20 percent using the HRH orientation package. BMAF resubmitted the national orientation package to MOHSW for final approval after a round of review and comment.
  - The average retention rate in the 34 districts is 79%. These districts are now providing housing and household items, transport to the posted facilities, and advancing salary when monthly salary is delayed. Forty percent of these districts are implementing work climate activities to attract and retain new staff.
  - The number of staff who use OPRAS for a mid-year review and those who have set annual targets has increased by more than 50% as compared to 2010/11.
- BMAF facilitated three HRH Best Practice/Knowledge Sharing workshops in Mara, Shinyanga and Kagera.
- HRH Supportive supervision was conducted in all 54 districts using the developed HRH guide. Reports will be submitted in the next quarter. Usage of the HRM supportive supervision checklist.
- IntraHealth and BMAF staff conducted field work in Iringa and Mtwara to collect baseline data for the Work Climate Initiative assessment. The team visited 27 facilities in five districts. Data cleaning and analysis is complete; the consultant is preparing the draft report.

- BMAF analyzed the 2010/2011 CCHPs for all 54 THRP districts; preliminary findings include:
    - Average vacancy rate of health workers by facility was 44 percent in 2010-1;
    - Between 2009-10 and 2010-11, vacancy rates by cadre decreased in 18 districts (41%) and increased in 25 districts (57%) out of 44 districts with complete data.

  BMAF reviewed the 2011/2012 CCHPs to see progress on HR indicator, extracting data on CHMT staff, health workers and the budget for HRM activities. The analysis and report will be forthcoming.
- The final two candidates from AKF's program to upgrade enrolled nurses (EN) to registered nurses (RN) through a work study program re-took the examination and passed. A total of 18 out of 20 students graduated, successfully passed the national examinations and registered as RNs.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)—Public Sector (with PMO-RALG), MOH/Zanzibar and Private Sector

- CSSC with IMA technical assistance (and IntraHealth and BMAF trainers) facilitated an HRM training strongly focused on the link with HRIS utilization. Participants were from the CSSC Eastern zone, APHFTA coastal zone and select Bakwata health facilities. The THRP leveraged technical support from the Capacity*Plus* project.
- CSSC also conducted follow up training for data verification, quality and utilization to Tosamaganga DDH, Sumve DDH, Mbalizi CDH and Nyakahanga DDH.
- CSSC HQ and the Southern zone office have started utilizing data as a result of training 17 staff members in data use March 2012
- UDSM and the PMO-RALG M&E team reviewed data entry and quality in the Lake and Northern Zone districts. The data is now aggregated and centralized in PMO-RALG's server. Of the sampled sites, 72% of all civil service personnel records had been entered into the LGHRIS (27,598 out of 38,439 records) and results aggregated centrally in Dodoma region.
- UDSM trained 14 students to provide backup support in LGHRIS administration, maintenance and support including programming basics in using LGHRIS' Ubuntu system

Development of a Cadre of Para-Social Workers

- IntraHealth facilitated a field visit to Kwimba, Magu and Mwanza City by DSW, PMO-RALG, USAID and ISW representatives to better understand the MVC/PSW program, identify best practices and areas for improvement. The findings are part of an overarching Program Review to be shared during a stakeholders meeting in July.
- Program staff worked closely with USAID to summarize successes, lessons learned and overarching program recommendations.
- IntraHealth participated in the launch of the one-year Social Welfare Assistant's course at the refurbished Kisangara Training Institute in Mwanga district fostering the enhanced partnership with the government and AIHA. 35 students in the first class are PSWs.
- IntraHealth facilitated a regional PASONET meeting and community advocacy meetings in Mwanza. The purpose is to sensitize community leaders on establishing an MVC Community Funding Scheme and to strengthen awareness of the PSW role in providing social services to MVC. IntraHealth also facilitated M&E review meetings in Mwanza and Dodoma to review semi-annual findings and discuss challenges encountered during data collection and aggregation.

- The PSW program continues to expand in Mtwara training 211 PSWs and PSW Supervisors from Newala and Mikandani. And IntraHealth conducted refresher training for 521 PSW and Supervisors from Mufindi, Makete, and Njombe District and Town Councils
- The PSW data base was developed in partnership with the University of Dar es Salaam. By the end of the quarter, the database had 2878 PSW names and their biodata information entered. Next quarter the remaining individuals will be entered.

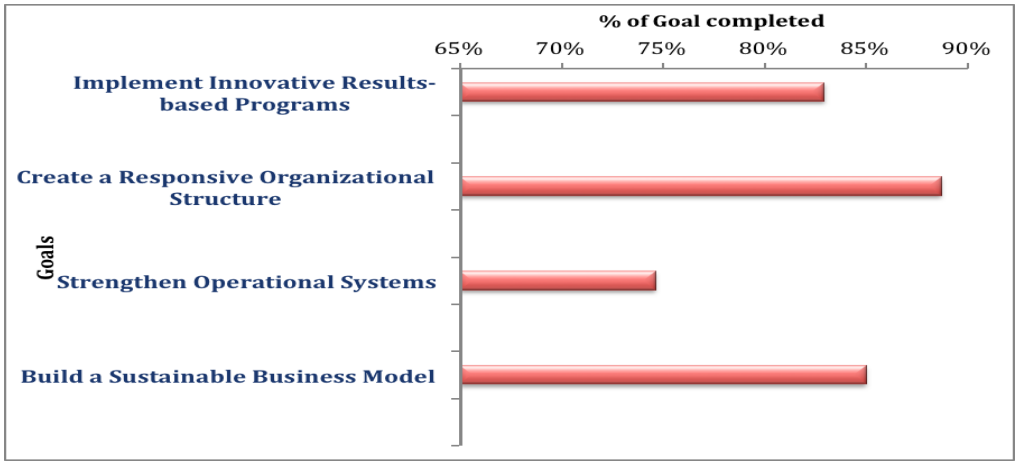
Organizational Development and Capacity Building

- MSH prepared an executive dashboard system for CSSC.
- CSSC, with MSH technical assistance, has started development of a communication strategy and is working on organizational challenges identified in HRD manual.
- IMA supported CSSC to implement a system-wide data assessment aimed at aggregating HR data by each facility.

BMAF Performance

BMAF has achieved significant progress in attaining the goals set out in the organization's strategic plan (2008-2012). BMAF's performance across its four management goals Administration, Finance and Grants, Programs, and Monitoring and Evaluation was 82 percent by the end of BMAF's fiscal year (June 30). This success is largely due to the growth in staff with dedicated roles and responsibilities within each of the strategic activities. Below is a summary of the progress of the organization's plan as assessed with the organization's capacity assessment tool.

OCA Implementation Progress



II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners

IntraHealth International (prime partner),

Benjamin Mkapa AIDS Foundation (BMAF)

Christian Social Services Commission (CSSC)

University of Dar es Salaam (UDSM)

Agakhan Foundation (AKF)

Management Sciences for Health (MSH)

Training Resources Group (TRG)

Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs.

This report also includes an update on the capacity building activities with key local organizations and sections on monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

BMAF and IntraHealth continue to provide ongoing support to the MOHSW in implementing various components of the national HRH strategic plan including active participation in the HRH Working Group and related subgroups.

Development of National Advocacy and Communication strategy in HR. BMAF is supporting the MOHSW to develop a national advocacy and communication strategy in HR as a tool for advocating improved HRM in all levels of the health service. BMAF is in the process of final consultant selection.

Recruitment Bottleneck Study Finalized. Following a lengthy process of review, comment and further review the *Review of Recruitment Challenges of Health Workers in Tanzania and Ways of Closing the Gaps*, commonly referred to as the Recruitment Bottleneck Study, is final. The content has garnered considerable interest: a draft report was shared with Leads University. BMAF has used the recommendations to inform the knowledge sharing forums with district authorities, the orientation package, tracking of the posted health workers, and in its coaching and mentoring approach. The recommendations have further informed the Global Funds/Round 9 activity to improve "payroll management in the public service, improving recruitment procedures in the health sector."

Multi-sectoral Criteria for Defining Underserved Areas **Report Finalized.** This document serves as the basis for development of a generic incentive package which districts can modify to develop their own specific incentive packages. PO-PSM was keen to have the report to incorporate ideas into the development of its strategy for the rollout of the recent Public Service Pay and Incentive Policy.

Academic fees paid to Muhimbili University of Health and Allied Sciences (MUHAS). Due to a shortfall in the national budget the MOHSW asked for support from USAID to cover the costs for tuition and stipends for post-graduate medical interns so that their training would not be interrupted. USAID supplemented THRP funds for this purpose. The project supported the academic fees and stipends for the August 2011-September 2012 academic year for 32 third-year, 36 second-year, and 10 first-year post-graduate medical students.

A.2. Establishing a Functional Comprehensive Human Resource Information System

Advocacy, coordination and collaboration with PMO-RALG. IntraHealth and the UDSM work very closely with PMO-RALG leadership in deploying the LGHRIS and have successfully leveraged funds for the national roll out. PMO-RALG committed to purchasing the equipment for deploying LGHRIS in the final eight regions (planned for next quarter) with other funds.

HRIS advocacy and coordination in the private sector. Through quarterly coordination meetings among the three private sector groups, CSSC, APHTA and BAKWATA, the project continues to work through a public-private partnership and improve data management processes in support of private sector health services. These and prior advocacy efforts resulted in new requests for access to the HRIS from 14 CSSC facilities, 10 additional APHFTA facilities and two additional BAKWATA facilities all of which already have their own computer systems in place.

Building local capacity to support the LGHRIS. UDSM trained 14 students on the basics of supporting LGHRIS. The training was based on Open Source programming covering installation of the development tools such as LAMP stack and Eclipse. Following the 5-day training, the students deployed to LGAs to continue their practical training. Their practica focused on data entry support, data quality checks and system maintenance. The LGAs that benefited included Bagamoyo, Kondoa, Temeke Municipal, Dar es Salaam City Council, and the Dar es Salaam Regional Administrative Secretary.

A.3. Development of a Cadre of Para-social Workers (PSW)

Assessment of the Social Welfare Workforce. IntraHealth in collaboration with the Institute of Social Work, Family Health International, Department of Social Welfare and USAID conducted an assessment of the social welfare workforce to establish the existing situation and identify gaps in composition of this workforce in Tanzania. IntraHealth worked closely with a team of local consultants to assure the quality of the protocol development, data collection tools and training of data collectors. The team collected data from four regions (in the previous quarter) and prepared a draft report for review. Intrah and the national Social Welfare Workforce Subcommittee (during task force meetings) have reviewed and provided several rounds of comments. A final draft report has been submitted to DSW and plans for dissemination meetings are underway.

Para-social Worker Program Review. The initial emphasis of the program was to train PSWs and supervisors to provide basic social welfare services to Tanzania's most vulnerable children. Concurrent with the PSW training, the THRP aims to strengthen existing local government infrastructure to connect village-level needs to ward and district support. The first stage of the program review included an extensive review of the literature on volunteerism, a review of available M&E data and a series of key stakeholder interviews. A second stage included a program visit to two districts in Mwanza region by DSW, PMO-RALG, USAID, and ISW representatives to learn more about PSW/MVC activities from district and village authorities and PSWs directly. The Program Review report, program successes, key recommendations and identified areas for improvement were shared at a stakeholders meeting in July.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. District HRH Strengthening and Development

Coaching and mentoring visits (contributes to both Project Objectives 2 and 3). BMAF is continuing to support efforts in the 54 THRP districts in Iringa, Mtwara, Lindi, Ruvuma and Lake Zone regions) to integrate the HRM activities into CCHP's and act on their workplans. BMAF conducted additional analysis of the information and data collected from the February coaching visit to the 34 districts of the Lake Zone and Ruvuma regions.

- As of March 31, 2012, an average of 30% of the planned HRM activities had been implemented and 20% of these districts reported progress. The low percentages are a result of delays of government funding to the districts as first disbursements were only made in mid-November 2011.
- During the time of visits, districts were in the process of developing their 2012/2013 CCHPs all 34 CHMTs committed to integrate the HRM activities into the CCHPs.
- All 34 CHMTs and HMTs were assisted in completing baseline OPRAS forms and mentored on how to conduct the mid-year review. The number of staff who set annual performance targets and conducted mid-year review has increased 50% compared to 2010/2011. BMAF is preparing a Job Aid that will assist health care workers in filling the OPRAS forms and using OPRAS data for enhancing staff accountability and productivity.
- Some orientation of new staff has been taking place in all 34 councils. 20% of the districts oriented staff using items in the HRH orientation package. Hands-on support was provided to the districts not using the orientation package. Use of the orientation tools and other guidelines developed by BMAF is expected to be reinforced following MoHSW endorsement.
- The average retention of staff who reported within the previous 12 months in 34 districts is 79%. The districts are providing a variety of incentives such as free housing, free transport to the posted facilities, and advancing salary when monthly salary is delayed. BMAF is planning to document localized incentive packages in each district.
- 11% of visited districts reported using the HRM supportive supervision checklist. Districts were encouraged to include at least a few HR components in their normal supportive supervision visits. Efforts are underway to streamline the HR checklist and obtain reinforcement by the government on use of the tool.
- Coaches oriented CHMTs on interventions to improve the working environment. Districts reported several initiatives including: renovation of office buildings and staff houses, construction of staff toilets and provision of tea to staff during night shifts and timely payment of staff salary. The team observed little understanding of WCI activities in almost 40% of the districts.

B.2. Establishing a Functional Comprehensive Human Resource Information System

The focus for HRIS implementation in public sector for this quarter was LGHRIS deployment to nine sites in the Tanga region and a round of data quality assurance visits to Lake Zone sites

already with the LGHRIS. The private sector work mostly focused on deployment of HRIS in BAKWATA and APHFTA sites and support to CSSC facilities in data cleaning and use.

The major challenges facing HRIS implementation in both the public and private sectors continues to be inadequate personnel dedicated to HR and ICT, infrastructure limitations, data accuracy and capacity to analyze and generate reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMO-RALG and CSSC in addressing these challenges.

HRIS implementation in the Public Sector

Documentation and Dissemination. IntraHealth teamed with PMO-RALG Documentation Unit to draft a HRIS 2009-2012 progress report. Also a number of HRIS blogs including a focus on HRIS use in tracking the health workforce on the mainland and on Zanzibar were developed and posted.

LGHRIS Scale up. PMO-RALG, with IntraHealth and UDSM assistance, deployed LGHRIS in nine sites in Tanga region: Tanga Regional Administrative Secretary (RAS), Tanga CC, Mkinga DC, Handeni DC, Korogwe DC, Muheza DC, Kilindi DC, Pangani DC and Lushoto DC. The deployment followed the standard schedule of five days per site including: sensitization meeting, LGHRIS installation, users' orientation, supervision of preliminary data entry, identification of a focal person and the signing of the data entry "certificate of commitment". The teams oriented 90 district staff on how to use LGHRIS. PMO-RALG IT personnel lead the activity with UDSM staff observing and providing technical support when consulted.

Data Entry Status. A PMO-RALG and UDSM quality assurance team made follow up visits to sites in the Lake Zone. As shown in **Table 1**, the team found that 72% of all personnel records from the Lake Zone districts have been captured in the system with majority of sites achieving more that 70% data entry. However, three sites show minimal progress in data entry for different reasons: Shinyanga DC (44%), Meatu (15%), and Biharamulo (15%). Meatu data entry personnel and the District Human Resource Officer were transferred soon after the LGHRIS was installed and have yet to be replaced. In other districts, the leadership appears to lack of motivation or expect payment for data entry.

Area	Data Entered	Total Records	Percentage
Shinyanga RAS	539	630	86
Shinyanga MC	1,232	1,264	98
Shinyanga DC	859	1,957	44
Kishapu	1,342	1,700	79
Meatu	269	1,857	15
Bariadi	2,843	3,527	81
Maswa	1,913	2,324	82
Kahama	3,255	4,800	68
Bukombe	2,434	2,900	84
Kagera RAS	490	547	90
Bukoba DC	1,790	2,219	81
Biharamulo DC	215	1,450	15
Ngara DC	1,785	2,135	84
Karagwwe DC	2,513	3,500	72
Bukoba MC	1,030	1,300	79
Misenyi DC	1,192	1,350	88
Muleba DC	2,518	3,000	84
Chato	1,379	1,979	70
Total	**27,598**	**38,439**	**72**

Table 1. LGHRIS status for visited sites in the Lake Zone

Shinyanga MC is almost reaching 100% data entry followed by Kagera RAS. Management commitment and support a key factor in the ongoing data entry.

Connectivity through PMO-RALG central server. A major achievement with the roll-out of the LGHRIS has been to connect all the districts of Shinyanga and Kagera regions into PMO-RALG's central server, essentially creating a LAN network for all the district LGHRIS. This allows UDSM to immediately provide technical support from any computer within the network and does not limit the support to a physical visit.

In a related development, the connectivity with PMO-RALG central database in Dodoma has allowed for a central level back up from the ministry headquarters. It is also now possible to aggregate data in PMO-RALG's central offices from all sites on the national data network. UDSM developed an automatic script, the first step in updating and synchronizing information across different databases. It was tested in Dar es Salaam, Lake and Northern zone sites and showed a significant achievement.

HRIS implementation in the Private Sector

CSSC, with IMA technical assistance, made notable strides in advancing the use of HR data for decision making and strengthening related HR management skills among its member facilities. Improved data quality now allows CSSC to analyze data with more consistent aggregate results. Other opportunities for improved reporting, analysis and data utilization also came to light during the quarter.

HRM Training linked to HRIS Utilization. CSSC collaborated closely with IMA World Health to coordinate, plan and execute an HRM workshop strongly focused on the link with HRIS utilization. Staffing plans and materials were drawn from the TRHP HRM training previously implemented through BMAF. Considerable effort was put into modifying reporting diagrams, preparing data-display applications, and pre-configuring options for analysis and presentation of HR data on retention and other select workforce statistics. The THRP and the Capacity*Plus* project co-funded the activity; Capacity*Plus* featured the activity on its website: http://www.capacityplus.org/Training-Health-Workforce-Managers-to-Use-Health-Workforce-Information-in-Tanzania.

IntraHealth, BMAF, CSSC and IMA World Health staff jointly facilitated the workshop for 38 participants from 15 CSSC, APHFTA and BAKWATA facilities within CSSC's Eastern zone. The facilities represented had already started to implement the HRIS system or were scheduled to do so during the quarter. The aim was to strengthen facility managers' use of the HRIS system and to address retention, promotion and shortage of staff. The participants identified various online and offline options for sharing results and output of HR retention and workforce analysis via charts, graphs, tables and maps. They are currently exchanging, testing and discussing these options and together with the CSSC team continuing to define analytical tools to facilitate HRM use, visual presentation and reporting.

The pre-/post-test results showed improvement in participant understanding of human resource management concepts and global HRH issues. Participants expressed positive feedback:

- I will change the way I used to collect and utilize HR data in my facility
- I will improve how I keep my employees data and prepare better reports for the management

- Since my health centre is new, it will now be easier for me to introduce the culture of utilizing the HRIS from the beginning as part and parcel of managing and organizing the hospital!
- leadership and management can be learnt
- Effective utilization and reporting of HR data can support good leadership

Private Sector HRIS system improvements. CSSC with IMA technical assistance updated the HRIS with final standards for cadres and job designations which allows for more in-depth analysis of aggregated HRH data in terms of quality, quantity and content to support both M&E for implementation and also understanding composition of the HRH workforce. The guidance documentation to assist data entry personnel and IT technicians in verifying the data and reconciling existing HRIS data with the new standards is close to final.

IMA Support to CSSC on improving system wide data assessment. A system-wide data assessment is underway, based on aggregation of HR data by facility; including detailed analysis, charting and mapping of specific HRH workforce variables though concentrating on a subset of APHFTA and CSSC health facilities. Other developments on the system include categorizing reports and data utilization parameters according to health facility levels. Cadre categories based Area of Practice (AOP) will be used as data management structures, instead of departments to organize report, analysis and utilization efforts

Review of HRIS data quality at five CSSC sites. A CSSC team visited five sites to review the quality of data entry, its accuracy and quality. The sites were Mbalizi CDH, Ilembula, Tosamaganga, Kabanga and Sts Gasper hospitals. **Table 2** below displays percentage of completed personnel records accurately entered in the system, and percentages of incomplete or incorrect data. CSSC will continue to monitor data quality regularly and support actions to ensure the data is of good quality as these sites prepare to generate reports.

Table 2: Status of Data Entry in Five CSSC facilities

Hospital	% completed filled (quality)	% incomplete	% wrongly	Data Utilization	Type of data Utilized
Mbalizi CDH	61	21	18	-	-
Ilembula	88	4.8	3.2	MoHSW	Tange report
Tosamaganga	81	18	19	-	-
Kabanga	52	48	38	HMT meeting	Leave report
St Gasper	67	31	27	-	-

Kabanga Hospital has 38 percent of data entered incorrectly. The facility needs more support from CSSC. Of the five sites, Ilembula Hospital stands out with substantially complete and accurate data; only 3.2 percent of the data had wrong information.

HRIS training for CSSC and APHFTA staff. CSSC trained staff from nine faith-based facilities and three APHFTA sites. The APHFTA sites were affiliated with APHFTA's coastal zone office. The training emphasized verification and data quality checks as data is entered.

Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

C.1. District HRH Strengthening and Development

Improved staff orientation. The national orientation package is in its final stages. The package provides step by step guidance on how to orient new staff and welcome them in the workplace. The MOHSW has yet to endorse the document due to administrative changes within the ministry leadership though it was reviewed by different departments. Following MOHSW endorsement, BMAF will print and disseminate the reference document to 134 LGAs and 21 RHMT's and translate into Swahili (after the English version has been endorsed) for easy reference at lower level.

Recruitment of health workers; Job Fair Follow-up. BMAF followed up with the MOSHW on 35 applicants for FY2011/12 posts. These applicants submitted their paperwork following the Job Fair in Senegerema in December 2011. 24 of these applicants were posted to different LGAs. With Global Funds funding, BMAF continued its job fairs reaching 2225 at in health training institutions includng the Kibosho Nursing school, Rombo Nursing school, Masasi COTC, Masasi nursing school and KCM complex. Once FBO-sponsored graduates are removed from the list, BMAF will facilitate application submission to the MOHSW in July. MOHSW should post the new positions in November 2012 following final approval of the FY2012/2013 budget.

Communication and Dissemination. BMAF completed one news insert on the tracking of health workers which will be posted to all 134 LGAs. Previously, BMAF has published and disseminated 14 HRH news features to local newspapers, radio and television. The news features advocated for better health worker management and for motivating health staff through HRM training.

Support Regions in sharing HRH best practices. BMAF facilitated three Best Practice/ knowledge sharing workshops in Mara, Shinyanga and Kagera regions bring key district leadership together to exchange experiences. The district leaders made public commitments to improving recruitment and strengthening the retention and performance management of their staff. Some of the declarations made, for example:

- To properly orient all new health workers;
- Use available funding (from the MMAM and LGDGC) for constructing staff quarters;
- Provide salary advances to staff while their paperwork is in process for inclusion in the government payroll;
- Submit stronger justification of staff requests/recruitment to POPSM for approval;
- Develop a district profile to be attached to posting letters for new staff;
- Provide timely subsistence allowance and arrange temporary accommodation for newly reported staff;
- Provide sponsorship to local secondary school students and bind them to work in their respective districts

- Visit nearby health training institutions to recruit potential candidates for employment
- Enforce functionality of OPRAS; and
- Encourage a wider access to and use of existing databases for storing HR data, processing and use this data for decision-making.

Continuing Education Program (CEP) for nurses. Aga Khan Health Services (AKHS) through Aga Khan Foundation (AKF) completed plans for the final stage of implementing the Iringa Nurse Training Project 2012. Three local facilitators were given refresher training at the Aga Khan Hospital (AKH) in Dar es Salaam to strengthen their knowledge content. They trained 66 nurses this quarter. A joint team of AKF, AKHS, and IntraHealth representatives reviewed the training program with regional representatives of the MOHSW. The Regional Nursing Officer (RNO) Iringa region led the exercise along with District Nursing Officers, Reproductive and Child Health Coordinators and hospital matrons. Among the recommendations was to review the curriculum to enable it meet the current issues highlighted by stakeholders, change the training venue to accommodate a larger number of trainees without congestion, and to conduct teaching skills training for the facilitators. The report of the monitoring and evaluation visit will be finalized next quarter.

Program to Upgrade Enrolled Nurses to Registered Nurses. Two students who had previously failed the MoHSW examinations re-took the exams in April. Both candidates passed the exams and are eligible to receive their Registered Nurse Diploma. This increases to 18 the number of nurses (of the 20 nurses originally enrolled in 2009) who successfully completed the EN-RN upgrade programme. The enrichment programme is continuing. In April, 29 students attended classes (two students were excused) and all 31 students attended classes during the months of May and June.

C.2. Development of a Cadre of Para-social Workers (PSW)

THRP activities on the quarter focused on program expansion in Mtwara, PSW refresher training in Iringa, building PASONET's organizational development, and conducting advocacy and monitoring visits in Iringa region to support PSW.

Continued PSW program expansion in Mtwara Region. IntraHealth initiated the PSW program in Newala and Mtwara Mikindani LGAs with the 9-day PSW I training introducing PSW and PSW Supervisors to the basic principles of social welfare, psychosocial support and expectations of the PSW role. This quarter, 211 PSW including 31 PSW Supervisors completed the pre-service training.

PSW follow up training in Iringa. The PSW II refresher or followup training is a 5-day training for PSWs following a six-month field practicum. During the quarter IntraHealth, with ISW-trained trainers, trained 521 PSW and 114 PSW Supervisors from five councils in Iringa region. As indicated in **Table 3** below, 57% of the PSWs were male, 65% of the PSW Supervisors were male. Further effort needs to focus on the gender balance during the selection of potential PSWs and PSW Supervisors.

Table 3: Participants of PSW and Supervisors Follow up trainings

Councils	PSW			SUPERVISORS			Total Participants
	Male	Female	Total PSWs	Male	Female	Total PSW Supervisors	
Mufindi DC	33	43	76	7	9	16	92
Njombe DC	95	86	181	25	13	38	219
Njombe TC	40	27	67	7	7	14	81
Makete DC	64	39	103	15	4	19	122
Ludewa	66	28	94	20	7	27	121
Total	**298**	**223**	**521**	**74**	**40**	**114**	**635**

Source: IntraHealth Field Report, 2012

Support for Para-social Worker Network (PASONET). With an emphasis on the potential for sustainability, THRP continues to support PASONET's organizational development. As a network of PSW volunteers, PASONET provides a forum for sharing experiences and mobilizing resources in support of PSW work and of MVC. The national PASONET was registered as a civil service organization in 2010. The network headquarters is in Dodoma and is opening branches in all districts of Dodoma, Mwanza and Iringa. THRP is currently supporting PASONET in leadership and organization development to move the organization toward standing on its own and mobilize resources for supporting MVC and PSW.

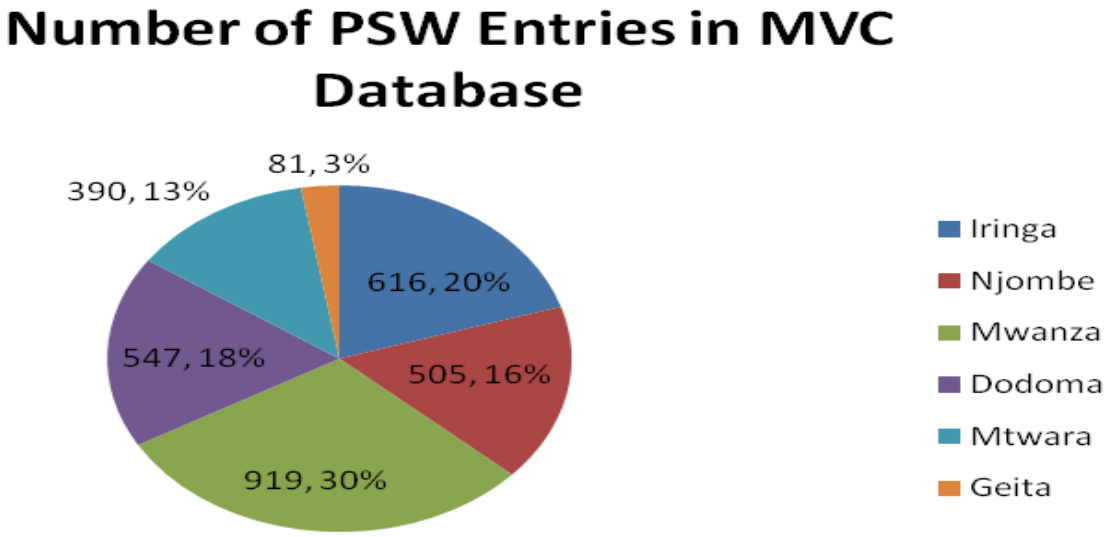
This quarter, THRP assisted PASONET with regional meetings in Mwanza Region. The purpose was to select PASONET regional leaders and develop a plan on how to strengthen PASONET chapters in their region. IntraHealth assisted PASONET leadership in:

- Maintaining an efficient information filing system
- Mobilizing members to contribute financially,
- Developing a financial regulation manual,
- Opening of bank account and
- Working in collaboration with other stakeholders to secure office space.

PSW Advocacy and M&E follow up in Mwanza and Dodoma regions. IntraHealth is supporting the development and functioning of District Advocacy Teams (DATs) to advocate with LGAs to identify funds for supporting MVC and PSW. The DATs are also to provide ongoing support to PSWs in addressing the challenges of providing basic social welfare services. Each DAT has six members and has developed an advocacy implementation plan. IntraHealth staff in collaboration with ISW conducted advocacy and M&E follow up visits in Mwanza and Dodoma. The aim of these visits was to sensitive community leaders to establish MVC Community Funding Schemes and to strengthen their awareness of the role the PSW plays in providing social services to MVC. This quarter, the DATs conducted meetings in Kwimba, Misungwi and Mwanza City (Mwanza) and in Kongwa, Bahi, Chamwino and Dodoma Municipality (Dodoma). Key points of discussion related to the community funding schemes include:

- Wards and village leaders deliberated on establishment of MVC Community Funding Schemes and developed action plans accordingly,
- Ward leaders will convene a meeting to evaluate implementation of the plans developed,
- Village leaders were reminded to of their accountability to the community for managing the MVC Funds. A financial status report should be read in the community meetings.
- Ward Development Committee members were reminded to put MVC on the agenda at every meeting and develop plans to support MVC.

Data Entry in PSW Database. The PSW database was developed in partnership with the University of Dar es Salaam to track the PSWs trained the program. During the quarter five data entry clerks updated the database with 3058 entries out of 3588, or 85% of all PSWs trained to date.



Source: IntraHealth PSW databas, June 2012

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Work Climate Initiative. Improving health worker performance is critical to providing high quality services to clients. And improving the environment in which providers work contributes to improving their performance. IntraHealth and BMAF jointly conducted an assessment at 27 facilities in five districts in Iringa and Mtwara regions to collect baseline data to inform interventions to improve the work climate. The assessment will provide a benchmark for measuring productivity and recommend indicators for measuring efforts to improve facility-level work climate and health worker productivity. The assessment includes a gender analysis to determine how gender issues also affect provider productivity. During the quarter, the team completed the field work; a draft report will be available soon.

Facilitate HRH Supportive Supervision using Developed Guide. Supportive supervision was conducted in 36 districts using the developed guide. Visits could not be done in 18 districts in the Southern Highlands and Lake Zone due to district authorities focus on finalizing the 2012/13 CCHPs. Supportive supervision visits in the remaining districts will be conducted in July.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING (E)

During the quarter and increasingly into the future, MSH will focus on building CSSC's organizational capacity based on needs identified last quarter and from the MOST exercise in 2009. CSSC also receives technical assistance from Inter-Church Medical Association—World Health mentioned above in reporting under Objective 2.

Christian Social Services Commission (CSSC).

Executive Dashboard. MSH engaged a local consultant to develop an organizational performance monitoring tool (i.e. Executive Dashboard) to assist CSSC leadership to monitor progress against its strategic plan. The Executive dashboard system is expected to provide up-to-date programme status information that can be utilized by senior management of CSSC. CSSC has committed to a dedicated staff member and regular updates to ensure ownership and usage of the system;

Addressing Challenges identified in CSSC's HRD manual. In 2009 MSH contracted a consultant to develop CSSC's Human Resource Development manual to address organizational challenges. This quarter the same consultant oriented CSSC managers and board members in organizational challenges stipulated in the manual. Following the orientation meeting a number of issues were observed including:

- The need for a user friendly performance management template;
- The proposal that CSSC's organizational structure be revised to focus on CSSC's core functions, qualifications, decentralization processes, and cost effectiveness; and
- The need to also orient members of CSSC's Board of Directors on the HRD manual and good governance practices.

MSH will continue to provide select TA on these identified systems challenges.

Benjamin Mkapa HIV/AIDS Foundation (BMAF).

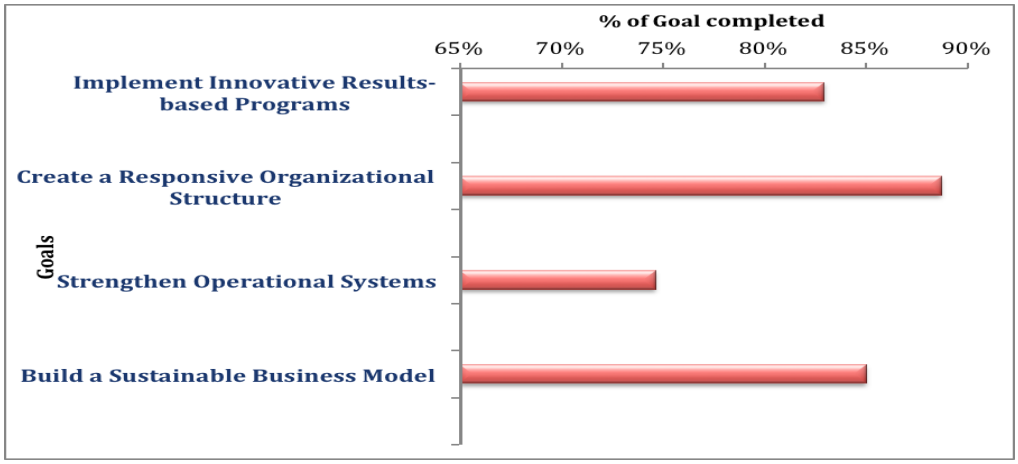
BMAF has requested less support from MSH as it has strengthened its in-house capabilities. For example, BMAF determined it could to use its own ICT personnel rather than an external consultant to build BMAF staff capabilities on IT and various applications.

MSH is supporting the documentation and best practices of the THRP district HRH strengthening approach as implemented by BMAF. A SOW has been developed and potential candidates shortlisted. The activity should get underway in the next quarter.

BMAF has achieved significant progress in attaining the goals set out in its organizational strategic plan (2008-2012). It achieved 82% of its planned performance across four goals: Administration, Finance and Grants, Programs, and Monitoring and Evaluation: This success is largely due to the growth in staff with dedicated roles and responsibilities within each of the strategic activities.

Below is a summary of the progress of the organization's plan as assessed by the organization's capacity assessment tool.

OCA Implementation Progress



V.MONITORING AND EVALUATION

The key monitoring activities this quarter focused on reviews of HRIS data quality by PMO-RALG and UDSM in the Lake Zone; PSW program follow up visits in Iringa; PSW advocacy follow up visits in Mwanza and Dodoma; and a joint AKHS and IntraHealth monitoring visit of the continuing education program for nurses in Iringa.

Assessments mentioned above include the assessment of the Social Welfare Workforce; the IntraHealth-BMAF baseline of the work climate in five select districts in Iringa and Mtwara, and the Program Review of the PSW program. Other activities include:

Desk Review of HRH data in 41 districts. As a follow up to the 2009 baseline assessment conducted in 13 districts (out of the first 20 districts of THRP intervention), BMAF continues to collect baseline data from the remaining 41 districts (seven not covered in the 2009 baseline and the additional 34 districts). As of June, BMAF has collected complete baseline information from 36 districts on health workforce vacancy, retention, supportive supervision, OPRAS and HRM financing. Three districts have submitted partial data while two districts have not submitted any data. BMAF will collect the missing data and complete initial analysis in the next quarter.

Review of Comprehensive Council Health Plans (CCHPs) for 54 districts. Within this reporting period, data from the 2010/11 CCHPs were analyzed. Preliminary findings:

- Vacancy rate of health workers by facility level was 44% across all 54 districts in 2010-11;
- Between 2009-10 and 2010-11, vacancy rates by cadre decreased in 18 districts (41%) and increased in 25 districts (57%) out of the 44 districts with complete data.

BMAF is reviewing the 2011/12 CCHPs for all 54 THRP districts to provide progress on HR status so as to inform the PMP indicators and respective stakeholders. Data on CHMT staff, health workers and HRM budget was extracted from the 54 CCHPs and entered into a CCHP database. Analysis of data for 2011/12 will be determined later.

A summary of project results against its quantitative targets can be found in **Table 4** below. The project reached 64% and 73% of its pre service and in service targets respectively. Program progress is on track with no unforeseen challenges to meet planned PEPFAR targets.

Table 4: Performance – PEPFAR Indicators and Results, October 2011 – June 2012

≠	Indicator	Program Area	Partner	PEPFAR Targets (Oct 11 - Sept 12)	Achievements (Oct -Dec 11)	Achievements (Jan-Mar 12)	Achievements (Apr-June 12)	Achievements (Jul–Sep 11)	% Achieved (Oct 11–Sep12)
H2.1.D:	Number of new health care workers who graduated from a pre-service training institution, disaggregated by sex and cadre	HRH	AKF	3	1	0	2		100%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	173**	254	212		64%
			PSW Supervisors*		39	44	31		
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	1030	206	233	521		93%
			PSW Supervisors*		35	47	114		
		HRH - CED	AKH	170	0	0	66		39%
		HRH	BMAF	57	14	0	0		25%
		HRIS	CSSC	182	13	17	93		68%
		HRIS	UDSM/IH	860	9	256	90		41%
PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project				**2300**	**242**	**553**	**884**		**73%**

* PSW Supervisors also attend PSW training

** The PSW training was conducted in collaboration with PACT

VI. Program Management

Quarterly Partners Meeting. BMAF and IntraHealth facilitated the quarterly partners' meeting on 19 January. The priority focus was on sustainability as the project has passed the half-way mark for implementation. Next quarter the project will host its annual THRP Review and Planning meeting for partners and key stakeholders.

USAID Briefings. USAID continues to have a gap in dedicated staff responsible for overseeing its HSS portfolio. On separate occasions IntraHealth Country Director provided special program background briefings to Gene Peuse, PPP Advisor, and Jacqueline Gayle, Community Health Advisor in addition to routine AOTR meetings. She also met with an HSS representative from USAID/Washington to provide context to the intricacies of Tanzania's public sector human resource systems.

Program staff facilitated a USAID team for a monitoring visit to the PSW program in the Mwanza region. The team visited Council authorities and PSW volunteers in Magu and Kwimba districts. Program staff also worked closely with USAID to summarize successes, lessons learned and overarching program recommendations for the PSW program.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those understandably related to creative THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

Table 5: Informational and advisory meetings in which THRP IntraHealth and partner staff participated

Date	Designation/Visitor	Purpose
5 April	Columba O'Dowd, Aran Corrigan Irish Aid	Meeting with IrishAid representatives to discuss HRH systems and IntraHealth experience working with BMAF
11 April, 4 May	Ilana Ron, Kim McKeon Abt Associates	Briefing (and consultation later) on HRH systems and health training; background for a SHOPS project private sector HTI assessment
2 May	Craig Haffner IMA World Health	Briefing on Human Resource Management workshop and work with FBOs in general under Capacity*Plus* project
3 May	Representatives of Implementing Partner groups which provide specialized TA	Meeting of the Specialized TA Coordination Working Group to coordinate priorities and activities
15 May	Peter Maduki, Executive Director, CSSC Invited to moderate the HRH panel discussion	IntraHealth participation in the Regional Conference Private Sector in Health in Africa; two panel discussions on HRH within FB and for-profit private sector organizations
6 June	Gilles de Margerie,	Briefing on HRH systems developments in Tanzania

	Canadian CIDA	
25 June	Representatives from UNFPA/Tanzania, UNFPA regional office in South Africa and consultants Petra ten Hoope-Bender, Christel Jansen	Briefing on plans for UNFPA's High Burden Country Initiative in Tanzania: national assessment of the midwifery workforce in Tanzania.

Project staffing and staff development.

- M&E Specialist, Hellen Magige, left IntraHealth in mid-May to join another PEPFAR implementing partner. IntraHealth successfully recruited a replacement for this key personnel position to start in early July; USAID approved Mr. Senyoni's candidacy 1 June 2012.

Project Financial Status. Early in the quarter IntraHealth received $2,148,177, the remaining FY11 funds to be obligated of which $500,000 was designated for a one-time payment to MUHAS for the tuition and stipends of 78 post-graduate medical students. IntraHealth completed the MOHSW authorization process and one-time payment to MUHAS by mid-May.

By the end of the quarter the project had expended 90% of available funding. With a balance of $2,039,236, essentially a three month pipeline, the project has funds through the end of September 2012. We are tracking our spending closely and trying not to disturb commitments to partners and planned activities. Given this scenario, the project will need a next obligation, FY12 funding, to have funds in hand by 1 October. The information in the following table is accurate through 30 June.

Table 6: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 30 June 2012:	**$20,148,177**
Expenditures through prior quarter (through March 2012)	**$15,781,360**
Expenditures this quarter (April—June 2012)	2,328,181
Total Expenditures through 30 June 2012 (expenditures started 1 May 2009)	**18,109,541**
Pipeline as of 1 July 2012	**2,038,636**

Technical assistance. A summary of international technical assistance during the quarter can be found in **Table 7** on the final page of this document.

VIII. PLANNED ACTIVITIES, April —June 2012

Support to National Level Government

BMAF/Intrahealth

- Print and distribute national orientation package to all 134 councils and 21 RHMT's for easy reference at lower levels;
- Support MOHSW in the development of a National HR Advocacy and Communication strategy, July-August;
- Develop policy briefs and facilitate one policy round-table discussion with policy makers from MOHSW, MOFEA, POPSM, and PMORALG;
- Facilitate through Specific Objective meetings integration of tracking tool into the MOHSW HMIS to enable tracking of posted candidates at the district level;
- Disseminate Recruitment Bottleneck study following final format and edit.

Establishing a Functional Comprehensive Human Resource Information System

HRIS (Intrahealth, UDSM and PMO-RALG)

- LGHRIS deployment to the 55 LGAs and eight RAS in Dodoma, Singida, Kigoma, Mbeya, Morogoro, Tabora, Ruvuma and Rukwa;
- Train PMO-RALG ICT Officers to troubleshoot technical challenges of LGHRIS;
- Train 35 UDSM computer science students on Linux and iHRIS system administration;
- Aggregation of LGHRIS data from deployed LGAs to PMO-RALG;
- Work on LGHRIS interoperability/data sharing with MOHSW & PO-PSM HR systems;
- Conduct follow-up visits to HRIS sites, both public and private sector (LGAs and CSSC, APHFTA and BAKWATA) to evaluate system utilization, data use, and identify gaps in data and skills;
- Follow up on Zanzibar HRIS Central and District level HRIS utilization.

CSSC

- Conduct quarterly project committee meeting;
- Conduct HRIS follow up to five CSSC hospitals and zonal offices and to the four APHFTA zonal offices;
- Conduct HRIS training to staff from three CSSC Hospitals, five APHFTA health centres and three BAKWATA health centres;
- Train staff on the use of dash board to feed information from the system to decision makers;
- Conduct preventive maintenance to support APHFTA and BAKWATA sites;
- Conduct data update, utilization and entry to CSSC,APHFTA and BAKWATA;
- Train, with IMA technical assistance, on statistical and workforce analysis to key HRH staff at CSSC, BAKWATA and APHFTA;
- Produce and distribute newsletter hard copy, calendar and annual report to national , zonal level and all partners;
- Document and share best practices for HRIS at national and zones.

District HRH Strengthening and Development

BMAF

- Conduct coaching and mentoring to 34 districts in Lake Zone and Ruvuma with focus on supportive supervision, orientation package, OPRAS and WCI;

- Support MOHSW, Employment Secretariat & POPSM, and PMORALG to review posting letters of health workforce for effective recruitment process;
- Conduct stakeholders meeting to input on the drafted incentive package for the underserved (few members in a technical working session) and finalize the document, print and disseminate the report;
- Follow up and share the status of implementation of action plans/deliberations agreed upon in the previous knowledge sharing workshop conducted in Iringa in 2011;
- Produce and disseminate periodically HRH news through different media channels ;
- Print and distribute the developed national orientation package and HR components of National Supportive Supervision to all 134 LGA's and 21 RHMT's and translate the orientation package into Swahili for easy reference at lower level**;**

AKF (AKHS and AKU)

- Continue bridging program with remedial classes for 31 students
- Teacher coordinator will do a monitoring visit to Mtwara and advise on study strategies for the upcoming national examinations
- Teachers to administer mock examinations a month before the actual exam and assist students in improving their performance.
- Administer post-test in English and Biology to see the impact of the enrichment programme.
- Visit Iringa and meet with Regional Health Team on continuity of nurse continuing education program
- Conduct TOT for the CEP facilitators
- Select and train remaining 104 nurses (to reach target)

Developing a Cadre of Para-Social Workers (IntraHealth)

- Conduct PSW Program Review stakeholders meeting;
- Facilitate development of social welfare work force strategy with an external consultant;
- Conduct community advocacy meeting in Iringa;
- Sign MOU with two select LGAs;
- Support organizational efforts to strengthen PASONET ;
- Enter PSW data collected in Mwanza and Dodoma together with bio data collected from Mtwara region;
- Analyze data for the situation analysis on the existing situation of social welfare service delivery in Mtwara region;
- Organize PSW identification process and prepare for PSW II training for Masasi and Nanyumbu.

Monitoring and Evaluation

- Review PMP indicators
- Conduct M&E review meeting in Iringa region in preparation for Best Practices region concept
- Monitor LGHRIS data quality in select districts in Pwani, Mtwara, Lindi, Iringa and Dodoma regions
- Conduct field visits in districts to collect/verify progress data on THRP PMP indicators
- Consolidate quarterly project report.

Capacity Building

MSH

- Finalize the development of the CSSC communication strategy;
- Finalize orientation of the CSSC board members on a HRD strategy, revise CSSC organizational structure and roll out of performance management system;

- Support the roll out of CSSC policy manual for monitoring gender and good governance;
- Support the roll out THRP documentation efforts;
- Conduct mini-MOST assessment with CSSC and ACAT assessment with BMAF;
- Provide training in leadership and management to the CSSC senior manager and zonal managers, and;
- Support CSSC resource mobilization strategy.

IMA

- Based on the finalized standards for cadres and job designations being entered into the system, guidance documentation is currently being finalized and will be promulgated to data entry personnel at all levels.
- Finalize system-wide data assessment with results on HR composition, data quality and implementation;
- Ongoing additions to and refinement of orientation and sensitization materials for HRIS adoption;
- Continue to refine CSSC's HRIS installation and user training resources;

Table 7: International Technical Assistance, April—June 2012

Visitor IntraHealth Staff *(unless otherwise indicated)*	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Laura Guyer Consultant Training Resources Group	16—28 April	THRP	Conduct MVC Program Review specifically: complete desk review and literature review of MVC program to develop a cadre of PSWs and conduct key stakeholder interviews	MVC/PSW implementing team
Pape Gaye, President and CEO Rebecca Kohler, Vice President Maureen Corbett, Vice President	11—15 June	IntraHealth Overhead funds	Program discussions with USAID, CDC, MOHSW and BMAF; presided over awards ceremony in honor of extraordinary health workers, and facilitated joint staff meeting of the two IntraHealth project offices in Tanzania	MOHSW, USG agencies, BMAF
Garrie Bartolome, Negus Associates	17—29 June	THRP*	Conduct internal audit of both IntraHealth project offices in Tanzania	IntraHealth
Scott Todd# Doris Mwarey** Craig Haffner** IMA World Health	April 20 to May 4	THRP	Provide TA to CSSC and FBO/private sector partners for activities related to expanded deployment of iHRIS Manage software; plan for deployment to additional CSSC, APHFTA and BAKWATA facilities with specific concentration on report generation and data utilization; Prepare and facilitate HRM training with focus on HRIS data use for CSSC leadership, APHFTA and BAKWATA managers	CSSC

* Co-funded with IntraHealth sister project, the CDC-funded Tanzania HIV/AIDS Prevention Project
\# Curtailed travel due to a death in the family
** Technical assistance and travel co-funded with central Capacity*Plus* project